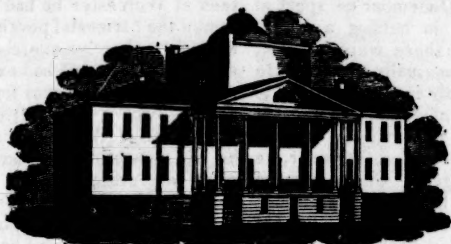


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I.

Case of a cartilaginous Tumor in the Trachea, producing Dyspnoea, &c.

By JAMES JACKSON, M.D.

THE subject of this case was the Hon. Samuel Howe, one of the Judges in the Court of Common Pleas, a gentleman most highly estimated for his moral and intellectual excellence. His death took place recently at the age of 42 years, in this city. He was under my care the last sixteen days of his life; the history of his case before that time I derived from a written statement of his own.

He was of a feeble constitution, and from his youth was subject to frequent and severe turns of sick head-ache, accompanied with great costiveness. From the age of twenty-five till the last year he considered his health as rather improving. Last spring he found himself more feeble, was extremely constipated in the bowels, and was obliged to use ca-

thartics; and the piles then supervened, which annoyed him greatly for several weeks. His flesh and strength were diminished, yet he never slackened his labors except for one fortnight in July. He then went to Saratoga, where he got much recruited.

It was on his journey from his residence in Northampton to Saratoga that his shortness of breath was first distinctly noticed; and it was then pointed out to him, as he was walking up a hill, by a fellow traveller. He afterwards recollected some slight trouble in this respect for some length of time before. During the autumn this difficulty of breathing increased and became quite observable, yet was not troublesome except on quick motion, or on rising ground; nor then was it painful. About the middle of November, when absent from home, after exposure to cold in the evening, the dyspnoea disturbed his sleep for the first time. About a week afterwards he had a slight hemoptysis, and on the last day of

November a second similar discharge, more copious; but at neither time had he any constitutional disturbance; so that he pursued his business, just as usual. The month of December he spent at Worcester in holding a court. His labors there were constant, though not unusually severe. He was moderate in diet, attended to get proper exercise, and thought his health improving. On the 26th of December, however, he spit blood again. On the evening of the 27th he found his breathing more laborious than usual. He went to bed at his usual hour, and soon felt easy. But just as he was falling asleep he was "roused by a sensation like that which is experienced from taking a drop of water into the lungs." He coughed and raised blood. His dyspnoea increased, and he found he could not keep in the supine posture; but he was relieved very soon on sitting up, though he continued to raise blood a little through the night, and in the afternoon following more copiously. He had no fever and not much cough at this time. On the 2d of January he left Worcester and arrived here on the following day without any material fatigue. On the 4th I saw him and noticed the following symptoms.

His countenance, naturally sallow, was more so than usual. He was rather thin, but not greatly emaciated. He had constant dyspnoea, but it was not great except when he spoke. Then it was immediately aggravated, and caused his manner to be rather hurried and his voice to want firmness. As he finished speaking he drew in his breath in a manner somewhat peculiar, slightly resembling that of patients in whooping cough,

at the end of a paroxysm. There was a slight wheezing in his respiration. He had not pain nor difficulty in inspiration, but could not get air enough. Since his attack at Worcester he had not assumed the horizontal position, and had not tried active exercise. He rarely coughed, and had expectorated only frothy mucus for some days, except a very little blood that morning, (the 4th); but when he did cough the dyspnoea was much aggravated. The thorax continued to be free from pain and soreness. The dyspnoea was sometimes accompanied by palpitation, but this was not urgent, and he had not any sense of weight nor of anxiety about the præcordia. His pulse was natural, and the functions of the alimentary canal were nearly or quite as healthy as usual.

On the Monday following, (Jan. 6th) I found his dyspnoea much increased. It had become so during the preceding night. He had all the appearance of a fit of asthma, except that the wheezing was slight in proportion to the dyspnoea. His countenance was altered. It was more sallow, and such as attends a sick head-ache; but he had not any pain in the head, nor elsewhere. He was not hot, nor was his pulse much accelerated. From this time he was never free from dyspnoea until the moment of his death, on the 19th. This symptom was distressing all the time, but was not at any moment so extreme as it often is in asthma. His cough increased, and twice or thrice in a day was urgent, distressing him by aggravating the dyspnoea. His expectoration was thin and somewhat frothy, until the last day of his life; when he suddenly dis-

charged, with very little effort, a quantity of pus, estimated at a gill. His principal suffering was from the fatigue of breathing; and the last week he referred to the præcordia as the seat and centre of distress or uneasiness, from this cause.

As his disease progressed from the 6th, his pulse got more frequent, and in the beginning of the second week had become hard and inflammatory. He also had more heat on the skin, especially in the afternoon, with dryness for the most part; but except once or twice I never saw his cheeks flushed. He had not chills at any time. His muscular strength was very little reduced at first, and he continued to put on his clothes and to sit up most of the day until the 18th. He was restrained from speaking by the knowledge that the dyspnœa would be aggravated by it. On the 18th he began to be comatose, but when awake he possessed his mind perfectly, with one or two exceptions, until within an hour or two of his dissolution. Within the last six hours of this event he talked an hour or more in regard to his affairs, his family and his friends; expressing a calm and entire submission to the divine will; manifesting the firmness and purity of mind and the sanctity of principle, which had always distinguished him.

The origin of the leading symptom in the disease of this excellent man, the dyspnœa, was not obvious; and I therefore solicited and obtained leave to examine the body. This was done on the 20th, in presence of Drs. Channing and Bigelow.

In the thorax there was found

a little serous fluid on both sides. The right lung, *in situ*, was found œdematous in all except the lower edge. This was inflamed to a small extent in front; but on turning up the lung, the lower and posterior part was found much more inflamed. The pleura over the inflamed parts was red and had a slight covering of lymph. The lung itself was hard, and on cutting into it was found in a state of suppuration. The pus was not in one large cavity, but, as in a honey-comb abscess, was in small separate cavities, or little cells.

On the left side the lungs were much more diseased. Here also the upper and front parts were the most healthy; but the largest portion of the left lobe was in the same state as the lower and posterior part of the right. The pleura at the lowest part was almost livid, that opposite to and that covering the diaphragm especially; and these parts were covered with a thicker coat of coagulable lymph than the others. In the left lobe there were also two small cavities, the largest not sufficient to hold half an ounce, containing pus. In the inflamed parts generally the pus was in small cells as on the right side.

On examining the trachea there was discovered, unexpectedly, what must be regarded as the prime cause of the disease. This was a cartilaginous tumor in the passage of this organ. This tumor was seated between one and two inches below the larynx. It was a preternatural growth of, and from, three of the cartilaginous rings of the trachea. These rings were thickened at their right side in every direction, to the extent of nearly an inch, measured on their circumference; and here

they were quite united into one mass. Projecting from them into the cavity of the trachea was a mass of cartilage, which occupied about one half of the passage. This mass admitted of some motion.

On inquiry of the immediate friends of the deceased since the examination, I do not find that any one recollects his having ever mentioned any uneasiness at or about the part thus altered in its structure. Since writing the above, however, I have been informed that some of his pupils had noticed in him a habit of putting his hand to his throat, as if he had some uneasiness there.

The heart was natural in size and appearance.

On opening the abdomen, a singular arrangement of the colon was noticed. A portion of this intestine was found lying between the diaphragm and left lobe of the liver. This portion passed upward, or rather backward, and then turned at an acute angle to pass down on the left side; so that the left lobe of the liver, in its anterior portion, laid between this intestine and the stomach. The liver was rather large and firm, but not hard; and was very full of bile, so as to have on its surface and in its substance a very yellow color. The gall-bladder contained two small calculi.

On this rare case the following reflections present themselves. First, that dyspnœa, the same in character, may arise from a variety of causes. Second, that any cause, preventing the perfect performance of the function of respiration, may give rise to inflammation in the lungs. Third, that inflammation of both the pleura and lungs may exist and

proceed to suppuration, without giving rise to pain.

Boston, Feb. 15, 1828.

II.

Account of a very remarkable solid, bony Tumor, formed in the cavity of the Abdomen. Communicated in a Letter from Dr. BRAD-STREET to Dr. WARREN.

Newburyport.

MY DEAR SIR,

By Mr. — I send you a substance, in shape strikingly resembling the brain and beginning of the spinal cord, with its usual envelopes, the dura and pia mater, the structure of which appears to be bone. It was taken from the body of a maiden lady, Miss —, who died the first of December, aged about 73 years. For ten years or more she had been troubled with slow bowels, constipation, and sometimes colic. In the summer of 1822 she was afflicted with jaundice severely, but at length recovered very well. At that time, however, the existence of a tumor in the abdomen was first made known to her friends. We could obtain no satisfactory account of how long it had been there. I considered it to be a diseased ovarium. During her last sickness, (which seemed more like the failure of life from old age than any special disease, although a catarrhal affection manifestly commenced the indisposition,) she complained much of her back, and it was with considerable trouble, for some part of the time, that she was taken up and returned into bed. Pressure of the hand upon the tumor gave considerable pain.

Believing the tumor to have

been some common enlargement of the ovarium, and presuming it to have contributed to her dissolution, I obtained leave to examine the dead body. Not aware of any thing remarkable, I undertook the business alone.

On account of resemblance to the human brain, I shall, in describing the position and connexions of the excrescence, speak of its different parts according to the name of corresponding parts.

The abdomen laid open, the vertex appeared naked as it now does, unconnected with the walls of the abdomen, or any other part, for a space nearly as large as the palm of the hand. Thence, anteriorly, it was covered by the omentum, which was at least half an inch thick, and of healthy appearance. Along the course of the coronal suture, to the projection of the frontal and to the parietal portions throughout, very firm adhesions existed between the excrescence and omentum. Its position was in the left side chiefly. The protuberance, corresponding to the beginning of the spinal cord, lay in the pelvis, resting the basilar part on the projection of the sacrum. On the right side, the usual cavity in the pelvis was free. Across the occipital portion passed one transverse fold of the ileum, slightly adhering. Across the frontal portion ran two folds of the intestine, adhering in a similar manner. On the left side, were very strong adhesions of the excrescence to the ligamentum latum, and to the fundus of the bladder. By attempting to separate these adhesions without the knife, a portion of membrane belonging to the spinal process was torn up, as you may now see it. The knife,

however, was indispensable in dissecting away the omentum throughout, and in separating some of its pelvic adhesions.

The urinary bladder was sound, containing about a pint of urine. The uterus was very small, thin and flaccid. I felt satisfied that a small shrunk substance found in the right side was the right ovarium; but in the left I could find nothing answering to the corresponding ovary.

The family in which she resided think the tumor had considerably enlarged since they noticed it at the first, but a considerable loss of flesh in the subject might cause error in this estimation. I was not satisfied that the bulk of the tumor had sustained much augmentation from the time I first examined it.

There was no appearance of inflammation in any part of the abdomen; nothing whatever that might warrant the idea of mischief there, to occasion death to the patient. In the liver were several prominent, whitish and warty tubercles, manifestly underneath the peritoneal covering, from the size of a filbert to that of an English walnut, but soft; and I think these diseased productions altogether different from the substance presented you. In the gall bladder were two large oval biliary concretions, one of which was very firmly impacted in its neck, and, perhaps, into the first portions of the ductus choledochus. These masses were of the consistence and color, throughout, of old gingerbread well soaked in water. The vesicula fellea was turgid with thick inspissated bile. In the course of sickness, however, there was no apparent want of bile in the alvine dis-

charges; on the contrary, these evacuations, for much of the time, were like those in ordinary health. No tinge on the skin, nor eyes, evinced stoppage of bile in the bowels, or jaundice.

I am told you have nothing of the kind in your collections of morbid anatomy; consequently, I have thought this diseased production might be acceptable, if not useful to you. I have felt some disposition to saw it open and see its interior structure, but have concluded it better to send it entire for your examination, and such disposal of it as you may choose. With me it is matter of conjecture whether it belong to the ovary or omentum. I find no account of any thing of similar shape to have been detected in either.*

Your friend and very obedient servant,

NATH. BRADSTREET.

III.

ANALYSIS OF AMERICAN MEDICAL JOURNALS.

We propose to give some account of the articles contained in the American Journal of Medical Sciences, and such other periodicals as merit attention.

ABSTRACT OF ARTICLES FROM AMERICAN JOURNAL, &c.

ART. I.—*Inquiries into the healthy and diseased Appearances of the Mucous Membrane of the Stomach and Intestines.* By W. E. HORNER, M.D. Adjunct Professor of Anatomy in the University of Pennsylvania.

In this paper, Dr. Horner gives us the detail of a series of expe-

* This extraordinary tumor is now in the collection of the Medical College. It

riments and examinations, by which he proposes to ascertain, 1st. "What is the healthy condition and appearance of the gastro-intestinal mucous membrane? 2d. What is its appearance in congestion from the agonies of dying? 3d. What is its appearance in genuine red inflammation?"*

1. In animals bled to death, he found the stomach, when empty, and the intestines "of a yellowish pearl color," presenting upon their mucous coat and at a short distance, "the lightest possible tint of pink; few or no marks of blood existing even in the large vessels under the peritoneal coat." In death from puncture of the medulla spinalis, and with a full stomach, the mucous coat of the stomach retained upon its surface, "where the food was in contact with it, a light lake, approaching vermilion, from the retention of blood in its capillary system."

"From the great number of bloodvessels distributed through mucous membranes, they are, during life, of a very bright red color, in many of these viscera, as the stomach, the small intestines, the lower end of the large, or the vagina and nose; in many other parts they are much less vascular, as in the lining membrane of the sinuses of the nose, in the bladder, and in the secretory ducts generally. The nostril

is about the size of the head of a newborn child, of the aspect and consistence of bone, and appears to be solid. It undoubtedly had its origin in the ovium.—Ed.

* By Congestion, Dr. H. wishes to be understood, "an accumulation of red blood in any part of the body, without irritation or mechanical violence; and, by Red Inflammation, the accumulation of red blood, which follows local irritation."

and the vagina, in a robust healthy person, will probably be found to represent correctly the shade of color, which, in life, naturally belongs to the gastro-intestinal mucous coat."

2. *Color of Mucous Membranes from Congestion.*

"The congestion of red blood in any part of the body, is commonly produced by an obstruction of one or more of the large venous trunks which return the blood to the heart." By obstructing the general circulation, a congestion of the whole venous system is produced; there is then a general lividity of the whole surface of the body and of the mucous membranes; the parts appear tumefied, and we perceive purplish or red blotches in various places. In common cases, the organ of the body which has been the seat of congestion is quickly restored to its usual functions, and the disturbance which they have experienced, soon disappears. But, if the congestion continues any length of time, the part inflames and mortifies. Dr. H. concludes the consideration of this part of his subject, by recapitulating the amount of his conclusions. "1st. That congestion is not an active condition of the part affected. When active, it constitutes inflammation. 2d. That congestion, most frequently, is the result of mechanical impediment to the venous circulation. 3d. That the other cases in which it occurs, are, where there is a want of reciprocal sympathy between the blood and the bloodvessels of the capillary system, in consequence of which, the latter refuses the passage to the red blood."

3. *Of the red Inflammation of Mucous Membranes.*

Red inflammation differs from congestion in the latter causing an accumulation of blood in all the capillaries of the part affected; whereas inflammation is for the most part confined to a single texture. Inflammation is produced by an increase of irritability in a part, and is chiefly confined to the capillary system. The blood is moved in the capillaries by their peculiar tone, and not entirely by the action of the heart. As this tone may be altered by many causes, the rapidity of the circulation may be increased or diminished, and the course of the blood may be altered and inclined toward those places where it is called by irritation. But according as the vital forces are increased in one part, they will be diminished in another; and hence the insufficiency of general bleeding in local inflammation.

In acute inflammation of the mucous membrane of the stomach, when the patient dies early in the disease, the bloodvessels of the stomach are enlarged and distended. The membrane is covered with a coat of mucus, sometimes limpid, but at others, thick and purulent. When this coat is removed, the mucous membrane appears, in a greater part of its extent, of a deep red, sometimes approaching a crimson red, and sometimes a purple or black. These colors are produced by the injection of the capillaries, and besides these, we find the inflamed part of the stomach interspersed with bands and patches of red, of the color of coagulated blood.

"In some cases of acute inflammation, where the symptoms have been those of army dysentery, or of typhus fever," the stomach and bowels are found thicker than usual, and of a yellowish brown or red color on their peritoneal surface, and in their thickness.

"When chronic inflammation occurs in the mucous coat of the stomach, this membrane is found thrown into numerous folds. Sometimes it is thickened, of a denser texture than natural, and reddish, with irregular white patches. On other occasions, the whole of it is red with purple spots, as in acute gastritis; sometimes the whole of it is of a purple, approaching to a claret color. When the disease has been caused by poisons of a force insufficient to produce immediate death, small ulcers are found near the pylorus, and along the greater curvature of the stomach."

"The red blotches which form the leading anatomical character in acute mucous inflammation may readily be produced by chemical irritants." In illustration of this, Dr. H. gives us the detail of an experiment performed upon a rabbit in which the result was produced. In the case of a black woman who died in premature labor, brought on by a cold taken from exposure to wet four days before, "the stomach presented a degree of inflammation over its whole mucous coat, not often surpassed, even in yellow fever. Some inches square of its middle were almost in a state of sphacelation from the congestion and extravasation of red blood. Small clots of black blood were found among the contents of the stomach, but there was no black vomit."

"When, therefore, an acute inflammation of the stomach has existed for some days, though it terminates in death, no very great redness of the internal membrane may be manifest, and consequently it is impossible to estimate the state of irritation of an organ during life, solely by the quantity of blood left in it after death. Dying seems to have the effect of concentrating more and more toward the heart, the vital powers and the fluids, or in other words, withdrawing them from the circumference to the centre; in the same way that a prudent general, on finding his outposts too much extended for the size of his army, will contract them more and more, as his force diminishes by battle or disease."

In corroboration of an opinion expressed by Dr. Physick, that the highest degrees of irritation were attended neither with pain nor vomiting, Dr. H. gives an instance of sudden death after an apparently slight indisposition, and without pain; in which the appearances were such as to lead him to the opinion, that the disease was an exasperated inflammation of the stomach.

Redness is not invariably found in those exalted irritations of the stomach which produce immediate death. In the case of a child that died suddenly in a spasm after a hearty draught of cow's milk, "the mucous coat of the stomach was not vascular, but of a pearl color." In a similar case, the mucous membrane was of a light pink. The stomach in this respect coincides with the skin in measles, erysipelas, etc. in which the redness frequently disappears after death. Our author supposes that during the process of death

the vitality of the inflamed parts is so much diminished that they are no longer capable of attracting towards them an undue quantity of blood.

When an acute inflammation of the gastro-intestinal mucous membrane does not kill in its early stages, "the stomach and bowels generally assume a dirty yellow or liquorice color, the stomach presents internally small blotches of red at intervals, and frequently there are found small filaments of coagulated blood adhering to the mucous coat of the stomach, seemingly at the orifice of the vessels from which they were discharged. The veins of the bowels are either partially or generally filled with blood. The intestinal mucus is abundant, adheres closely and is tinged yellow by the bile. The mucous membrane of the stomach is easily peeled or scraped off by the finger nail. The brain in this state most frequently exhibits marks of congestion, with some inflammation of its meninges. The eyes and skin are yellow. In the skin there are apt to be left blotches of red blood resembling purpura."

In cases of death by yellow fever, the stomach was found to contain a quantity of black vomit, and the mucous coat was extensively ecchymosed. In one case the ecchymosis did not appear, but there was merely a minute arborescence of the veins. In cases of gastritis, the mucous coat presented large patches of ecchymosed blood.

In what has been said, it has been a principal object to point out the difference between the appearances arising from inflammation, during life, and those produced by obstructed circulation

during the agonies of death; and to establish the fact of gastric inflammation, in most of those cases where the redness is observed. In simple congestion, the redness is uniformly diffused; in inflammation, it is in blotches, sometimes in the mucous membrane of the cardiac extremity of the stomach, sometimes in the pyloric extremity. These blotches could never be produced by obstruction, during the agonies of death.

ART. II.—*On the Functions of the Capsulæ Renales.* By JOHN REDMAN COXE, M.D. &c.

Dr. C. is of opinion that the function, formerly suggested by Mollinetti and Charles Bell, to belong to these organs, is their true one; viz. that they serve as diverticula for the blood from the kidneys, in the foetal state; and that after birth, as there is no further occasion for their office, the flow of blood to them is impeded by the descent of the diaphragm in respiration.

In many of the remarkable cases of long continued suppression of urine which are upon record, in which the pain and inconvenience to the patient have been slight, Dr. C. thinks the function of the capsules has been restored to them. He proposes that the name of *diverticula urinæ* should be substituted in place of those which have hitherto been given to these organs.

ART. III.—*Case of Paruria Erratica, or Uroplania.* By SALMON A. ARNOLD, M.D. of Providence, R. I.

This was the case of a female, who was afflicted with prolapsus

uteri, and consequent suppression of urine, which continued over two years. At the end of this time, this fluid found an outlet by the right ear, and shortly after, at successive periods, by the left ear, the left eye, the mammæ, and the umbilicus. This great disturbance in the system continued to increase for six months, during which period, all who saw her, believed it impossible for her to survive from day to day. After this, however, she began gradually to amend. All the fluids discharged were analyzed, and found to contain urea.

IV.

HOSPITAL REPORT.

CAROTID ANEURISM.

As this is an operation of the greatest importance, yet one which every surgeon should be prepared to execute, it has been thought best to insert the detail of preparations which should precede such an operation.

1. *Preparatory Dissection.*

The subject thin, emaciated. The head being turned to the left side and inclined backwards, an incision was made on the right side from opposite the thyroid cartilage to the clavicle, over the sternal head of the mastoid muscle. Dissecting through the platysma, the mastoid muscle appeared, which being sufficiently exposed to discover its edge, was drawn outwards. By a farther dissection, the omo-hyoideus muscle was seen, and presently the white line between this and the sterno-hyoideus, nearly opposite the cricoid cartilage of the larynx. On carrying the dissection through the fascia covering this line, appeared the sheath of the artery and vein. The vein was uncovered under the mastoid muscle. The par vagum nerve

was readily seen, and just below, veins crossing the direction of the wound. The covering of the artery being raised and dissected, was opened by the point of a director to a sufficient extent, and the aneurism needle passed without much obstruction.

At the lower part of the neck an incision was carried down directly over the sternal head of the mastoid. This being exposed and raised, was pushed outwards; then a fascia and cellular membrane dissected to the sheath of the vessels, which being opened externally, exposed the jugular vein. The nerve descendens noni appeared on the surface of this cellular substance. Then descending by the side of the sterno-hyoideus muscle, and avoiding certain veins, the sheath of the artery was discovered. This was opened as before. Under the artery, between it and the trachea, the inferior thyroid artery, running from without inwards, was seen very large. The recurrent nerve appeared a little below, and behind the artery the great sympathetic nerve.

On the left side the artery lay deeper at its lowest part. The jugular vein more external and superficial.

2. *Directions for doing the Operation and making the requisite Preparations.*

The patient being seated on a chair of moderate height, the head inclined backwards, and a little to the side opposite the disease, an incision is then to be made from the lower edge of the tumor, at the fore part of the mastoid muscle, and carried nearly straight downwards to the clavicle, terminating over the sternal head of the mastoid muscle, about an inch from its anterior edge. Dissect through the platysma, and expose the anterior edge of the mastoid, which must be uncovered the length of the wound. The skin and muscle are now to be drawn aside with

blunt hooks; and at the upper part of the wound search for the omohyoideus muscle above, and the sternohyoideus on the inside. Observe the space between the two, constituted by a white line of cellular membrane. Note that these muscles are covered by the inner fascia of the neck. Having discovered this space, open it with a due attention to the veins which cross near it, and observe the situation and direction of the nerve descendens noni. Having proceeded thus far, the two sides of the wound should be separated by a spatula, or the handle of a large spoon. Look now to the trachea and larynx on the inner edge, and the mastoid muscle at the outer edge, and under the latter; perhaps a little forward of it will be perceived the internal jugular vein. This is to be carefully drawn outwards with the spatula, and now you may look for the artery at the inner edge of the wound, quite near the trachea. When you come to raise it a little by taking hold of the cellular membrane with the forceps, you will be able to ascertain whether the nerve is before you. Recollect it is on the outside, and rather more superficial than the artery. With a sharp pointed knife dissect the sheath from the face of the artery, and when you can see the vessel take the silver director, and having the face of the artery fully exposed by dissecting laterally with the knife and forceps, introduce the point of the director into the aperture thus made, and enlarge it to about half an inch upwards and downwards. In doing this be sure that the artery is well exposed before you take the director; and when you operate with the director get the artery thoroughly cleared upwards and downwards, and a little on its sides, by the director, in order that you may introduce the aneurism needle. The needle is to be passed from without inwards; the knot being properly adjusted beforehand. Seize the knot with the

forceps and draw it out. Adjust the ligature to the artery, ascertaining that the nerve is not included; then make the knot, slip it down and secure it at one trial; pass a second knot and draw it carefully. Twist the ligature close to the artery, bring it out and cut it short.

If the small veins are wounded, tie them before you proceed. If the internal jugular is wounded, compress above, dissect it, and pass a ligature above and below. Should this vein be interfering in the operation, compression by the finger above and a small spoon below, would control it.

A wound in the carotid should be treated by a steady firm compression on the wound; the sternal attachment of the mastoid cut; the parts firmly and forcibly separated. The artery should then be dissected from the trachea, spine, nerves and vein, and a ligature passed thereon.

If the ascending thyroid were wounded, the artery might possibly be tied; but a ligature on the subclavian in front of the scaleni, would be perhaps required. In doing this, the muscles should be removed, the arm well pulled down, and the veins separated by a director.

After the operation the parts should be brought nicely together with adhesive plaster.

The patient should be bled in the evening, about ten ounces.

The day before the operation he is to take one ounce sulph. magnesia.

Other preparations as follows:

Sharp scalpel	Soft sponges
Pointed scalpel	Ligatures, various
Blunt hooks	Armed needles
Tenaculum	Soft lint
Spatula	Compresses
Aneurism needle	Adhesive plaster
Director	Bandage.

The seat of the patient should be a common chair. An assistant placed behind should support the head inclined and turned to the opposite side. Another assistant guards the

jugular vein, and a third the interior edge of the wound. A fourth holds the instruments; a fifth the sponges; others the hands.

3. Operation. Oct. 26, 1827.

Francis Locke, 24 years old, rather short and muscular, in good health. About four years ago perceived a small tumor on the left side of the neck. Not feeling any inconvenience from it, he made no application till the summer of 1825, when he presented himself to Dr. HAYWARD, who told him the nature of his complaint, and advised him to go to the hospital and have an operation done. Some of his friends, however, thought he would have a better chance for relief from visiting a *seventh son*. Accordingly, he sought out such an individual, and having heard of one took a long journey into the country to find him, and remained under his care some time, without, as may be believed, getting important benefits therefrom. Finding himself not improving, he came to the hospital, and had a confirmation of the opinion and advice given him before. He was not, however, prepared for an operation; but went off and waited six months more. During this time the swelling has increased, and is now four inches long, extending from the angle of the jaw to the lower edge of the thyroid cartilage. The tumor has a pulsating movement, is easily emptied by pressure. Compression of the carotid artery below, stops the pulsation and prevents its suddenly regaining its usual size. This tumor being evidently an aneurism of the carotid artery, the patient was again advised to the operation, which he at length agreed to. The operation was thus performed by Dr. WARREN.

The patient was placed in a common chair, the head well supported, inclined backwards and a little to the opposite side. The shoulders a little inclined backwards.

An incision $2\frac{1}{2}$ inches long was made from the lower extremity of the tumor, which was on a line with the lower edge of the thyroid cartilage, and carried straight downwards to the clavicle over the sternal head of the mastoid muscle an inch from its sternal edge; the incision being lower than usual, on account of the extent of the tumor. The platysma muscle being exposed, was divided, and the edge of the sterno-mastoid brought into view. This was laid bare the length of the wound. Dissecting along its inner edge, a vein was seen running precisely in the middle of the wound in a longitudinal direction like that of the internal jugular vein. It was necessary to dissect this vein with great caution; and getting a little by its side, the pulsation of the carotid artery was perceived deep indeed, but on the vertebral side of this vein. The omo-hyoid was next discovered, and the lower part of the line of union between this and the sterno-hyoid, which was dissected, and these two muscles separated from each other; the former carried to the outside, and the latter to the inside. The descendens noni nerve appeared on the tracheal side, and then the operation was pursued as near the trachea as possible; wishing by this to avoid the jugular vein and par vagum. The sterno-thyroideus muscle was dissected so as to reach the artery under its edge. Then an assistant held up this muscle by a hook passed into the fascia. Now, the great artery being distinctly in view, it was dissected without hazard; cutting directly over it, till a very perfect opening was made in its fibrous sheath. This was dilated by a probe pointed bistory, and then the aneurism needle passed under the artery from without inwards, requiring only a little touch of the finger to allow it to slip through the fascia. The ligature was then passed and the needle withdrawn.

The edges of the wound were then brought together and dressed. The

patient was put into bed with the head raised. He had no pain after the operation. He was ordered to take twenty drops of tincture of opium if pain came on, and if this was accompanied with increased action of the arterial system, to be bled from ten to sixteen ounces, and to have mild and cooling drinks in small quantities every half hour.

Evening of the operation, pulse 80—no pain. Next day, slight headache; considerable pain in the bowels; pulse 80.

Ordered to be bled sixteen ounces, and take a purgative of sulphate of magnesia.

Third day, pulse 80—pain relieved—no bad symptom nor complaint of any description. Tumor pulsates strongly, though not so much so as before the operation.

The patient recovered rapidly, without any symptom worthy of note, excepting that the pulsation of the artery continued a number of weeks after the operation.

Remarks.

The aneurism extended so low, as to require the artery to be exposed not much above the clavicle, and in its deepest situation. The patient complained but little, and lost no blood, excepting a very small quantity on the division of the skin.

The most remarkable fact in this case was the distinct continuance of the pulsation of the aneurism after the operation. So strong was it even two weeks after as to create some suspicion in the mind of the operator that there might be an unusual distribution of the great arteries. This phenomenon has been noticed before, and attributed to regurgitation of blood from the head. In reality it arises from the propagation of the locomotion of the artery from below upwards; it being stopped by pressure below the tumor.

BOSTON, TUESDAY, MARCH 4, 1828.

BOSTON MEDICAL DISPENSARY REPORTS.

For the Month of January, 1828.

THE reports of diseases in the Dispensary, which follow, are highly important, as affording the best information that can be obtained of the state of existing diseases. We hope, through the kindness of the gentlemen who have charge of the sick in this institution, to be able to continue them.

NORTHERN DISTRICT.

I send, according to your request, a list of patients in the Dispensary for the month of January. I have no remarks of much interest to make respecting them. The inflammatory affections have been rather of a mild character, and mostly arose from exposure to the moist and rainy weather which we had at the latter part of the month.

J. W. MCKEAN.

Whole number of patients, 53. Of

Abortus	-	-	-	1
Arthrosis acuta	-	-	-	1
Asthma	-	-	-	1
Catarrhus	-	-	-	1
Causis	-	-	-	2
Cephalæa	-	-	-	1
Colica	-	-	-	2
Diarrhœa	-	-	-	2
Dyspepsia	-	-	-	4
Erysipelas	-	-	-	1
Gastritis	-	-	-	1
Helminthia	-	-	-	3
Hemiplegia	-	-	-	1
Hemorrhagia uterina	-	-	-	1
Icterus	-	-	-	3
Lichen	-	-	-	1
Odontia dentitionis	-	-	-	2
Paramenia difficilis	-	-	-	1
Phlegmon	-	-	-	1

Phthisis catarrhalis	-	1
Pleuritis	- - -	1
Pneumonitis	- - -	4
do. notha	- - -	4
Puerperal	- - -	3
Struma vulgaris	- - -	1
Syncope	- - -	1
Synochus	- - -	1
Typhus	- - -	1
Vaccinia	- - -	7

EASTERN DISTRICT.

The whole number of cases was 107: of these, 41 were vaccinia, and 8 were puerperal; $107-49=58$ cases, requiring medical or surgical treatment. Of

Bronchitis	- - -	10
Burns and wounds	- - -	6
Catamenial suppression	- - -	1
Catarrh	- - -	4
Cholera	- - -	3
Diarrhœa	- - -	2
Dysentery	- - -	1
Dyspepsia	- - -	2
Hæmatemesis	- - -	1
Hæmoptysis	- - -	2
Hepatitis	- - -	1
Herpes labialis	- - -	1
Hooping cough	- - -	1
Hydrocephalus	- - -	1
Ophthalmia	- - -	1
Parotitis	- - -	1
Pleuritis	- - -	1
Pneumonitis	- - -	8
Porriga galeata	- - -	2
Psoriasis palmaris	- - -	1
Rheumatism	- - -	4
Synochus	- - -	3
Ulcuscula oris	- - -	1

More than half of the medical cases were of bronchial or thoracic disease; no one of the ten patients under croup was above three years of age; five of the cases of pneumonia were in children under six years: the most severe of the last were the cases of a child aged seven months, and of one aged four weeks; both were blistered extensively. In the former (the blister being badly managed) sloughing took place over the whole surface, from clavicles to na-

vel, and the child died. This was the only case of death from thoracic or bronchial disease, during the month. This, and a case of inflammation and effusion in the brain, are all the fatal cases.

During the changeful weather that occurred about the 17th, and following days, many cases of croup presented themselves. The patients were pretty well in the mornings, but towards the close of the day suffered with dyspnœa and hoarseness; this continued a day or two, until an alarming aggravation of the evening paroxysm induced the parent to ask relief. Bloodletting was not employed; reliance was placed on an emetico-cathartic of tartarised antimony and calomel, given until abundant evacuations were produced. A mixture of tartarised antimony, syrup of squills, and syrup of senega was afterwards given for a few days, with directions to excite free vomiting by it, whenever the evening exacerbation of dyspnœa, raucous cough, &c. should show itself.

On the 18th, 19th and 20th of the month, more use of the lancet was made than in all the 28 days besides.

J. G. STEVENSON.

WESTERN DISTRICT.

Whole number of cases, 51.		Of
Amenorrhœa	- - -	2
Aphthæ	- - -	1
Burn	- - -	1
Carcinoma mammæ	- - -	1
Chronic rheumatism	- - -	3
Colic	- - -	1
Dyspepsia	- - -	1
Epilepsy	- - -	1
Erysipelas	- - -	1
Fracture	- - -	1
Helminthia	- - -	1
Hooping cough	- - -	3
Inflammation of bladder	- - -	1
do. of parotid glands	- - -	1
do. of tonsils	- - -	1
Ophthalmia	- - -	1
Paronychia	- - -	2
Parturition	- - -	2
Phthisis	- - -	1

Pulmonary catarrh	-	10
Sprains	-	2
Ulcers	-	4
Vaccination	-	9

Of the above,

Discharged, cured	-	33
do. relieved	-	1

Remaining under treatment 17

In addition to the above, it may be stated, that several cases of chronic disease, which came under treatment previous to the commencement of the month, are not included in the above list, although they have been under treatment since the first of January.

JONAS H. LANE.

MIDDLE DISTRICT.

The number of cases in the Middle District of the Dispensary during January, was thirty, of which number seventeen were acute. These may be divided as follows. Of

Diarrhœa	-	-	3
Dysentery	-	-	1
Fever, simple	-	-	1
Inflammation of lungs, (catarrhal)	-	-	11
Quincy	-	-	1

The latter case occurred near the end of the month, about which time commenced that prevalence of inflammation about the fauces, which has continued thus far through the present month.

E. G. DAVIS.

New Elementary System of Physiology. By WILLIAM SWEETSER, M.D. Professor of the Theory and Practice of Physic in the University of Vermont.

This work is now in preparation. It is designed to be a popular work on this science—adapted not only to the use of the medical student, but also to the understanding of the general scholar. The introduction of technical terms, therefore, will be avoided as far as the nature of the subject will admit, and a glossary will be appended to the volume to explain such as are unavoidably used.

A concise and intelligible descrip-

tion of the anatomy of each organ, will precede the history of its function, and where it is deemed necessary for a more perfect illustration, the organs and their functions will be compared with those of other animals. Although it is not purposed to occupy much space in treating of the numerous hypotheses which have at various times been advanced in relation to the different functions of the human body, still some of the most interesting of these will receive a brief notice.

Among the inducements to undertake a work of this character, is the increasing popularity of the science of which it is to treat. Some knowledge of it is now ranked among the other important attainments of the general scholar. People are beginning to think that the history and physiology of their own bodies is not inferior in interest to that of animals and vegetables. Some of our Universities have already included among the other requisitions of a public education, a knowledge of Human Physiology.* Still there is no one complete system of this science suited to the use of the general scholar. All treatises upon it have been more especially intended for the medical student. It cannot therefore but be believed, that a work of the proposed character may contribute to extend the knowledge of this important and interesting science.

This work will be published in the octavo form, and will contain about five hundred pages.

Burlington, Vt. Feb. 1823.

Dr. SAMUEL JACKSON has been appointed Assistant Lecturer on the Institutes and Practice of Physic and Clinical Medicine, in the University of Pennsylvania.

JOSHUA H. HAYWARD, M.D. has received the appointment of Professor of Anatomy and Surgery, in the University of Burlington, Vermont.

* This has been recently done by the University of Vermont.

M. BRUHL CRAMER, a German physician, asserts that sulphuric acid taken with bitters, completely eradicates the love of ardent spirits. Dr. W. D. Brinkle has also administered it with success. Two drachms of the acid are to be added to a pint of the patient's favorite liquor, and a wine glass full taken every one, two, or three hours, according to the patient's habit, till intoxication be produced.

Dr. GEORGE F. LEHMAN gives an account of an indolent sailor who was in the habit of dislocating his shoulder to escape from work. The dislocation was produced without pain, and was easily reduced.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending February 23, at noon.

February 15.	Lydia Butts,	60 yrs.
16.	Susannah Brimhall,	37
	Louisa Gray,	10 mo.
	Hannah Mills Bradford,	12 yrs.
	Amelia Brigham,	43
17.	Robert Mace,	24
	Daniel Rea, jun.	33
	Mary Davis,	33
18.	George Mitchell,	11 mo.
	Charles F. Bennet,	10
19.	Sally Taylor,	44 yrs.
20.	Margaret Fahy,	19
	Mary Ann Constantine,	17
	William H. Hill,	5 mo.
21.	Ann Maria Clark,	3 yrs.
	Thomas Hill,	38
22.	Franklin Eayrs,	13 mo.

Diseases. Apoplexy, 1—Cancer, 1—Croup, 1—Consumption, 2—Convulsions, 1—Dropsy in the head, 1—Hooping cough, 1—Inflammation, 1—Inflammatory fever, 1—Intemperance, 1—Lung fever, 2—Typhus fever, 1—Suicide, 1—Unknown, 2. Males, 7—Females, 10.

ADVERTISEMENTS.

DENARCOTIZED OPIUM & LAUDANUM, EUROPEAN LEECHES, &c.

LOWE & REED, 44, Hanover Street, at the head of Elm Street, have lately received a supply of Denarcotized Opium and Laudanum.—Also on hand European Leeches; fresh Vaccine Matter,

taken by a physician of this city with particular care: together with a large stock of drugs of every kind.

Lowe & Reed, late Reed & Howard, keep constantly on hand, their *Cure for Intemperance*, which has recently received the approbation of many of the Physicians of this city,—been used by the Society for suppressing Intemperance, and adopted in the House of Correction as preferable to that of Chambers. Price \$2.50. A liberal discount made to charitable Societies.

SURGICAL INSTRUMENTS, DRUGS, &c.

DAVID & JOHN HENSHAW & CO., 33, India Street, near the head of Central Wharf, have for sale, a very large assortment of Surgeons' Instruments, Drugs, Paints, Dyestuffs, Window Glass, &c., at very low prices. Gentlemen wishing to purchase are respectfully invited to call. Aug. 21. 6mo.

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NEW APOTHECARY'S SHOP.

DR. W. BRADFORD, finding the practice of Physic injurious to his health, has relinquished it, and opened an Apothecary's Shop at the head of Poplar Street, where he will keep the best of Medicines and devote his personal attention to the preparation and delivery of the same.—The Prescriptions of Physicians will be accurately put up and Families may depend on correctness; he therefore solicits a share of public patronage.

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Boston, Aug. 30, 1827.

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